stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very

A PERMANENT RECORD

N. B.—Eyery item of information should be carefully supplied. AGE should be signed CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH, 1339
unty Caroline

STATE OF MARYLAND CERTIFICATE OF DEATH

County Caroline	Registration Dist. No. 60
Village or City Mar Mangael (No	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Macce Glack (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw have alloe on 28 - 23 1914
7 A GE 11 LESS than 1 day,	and that death occurred on the date stated above, st
SOCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature ef industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Md.	(Secondary) (Opation) yrs mos ds.
10 NAME OF Janus Brown	(Signed) , M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
12 MAIDEN NAME OF MOTHER Jack Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death?
(Intermant) Mac Ital Purp	Former or Usual residence
16 Filed /2/25-1914 H. L. Cooper	20 UNBTRICKEN 1914 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomencla injury, as fracture of skuli, and consequences (e. g., scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottcharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT nEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can State cause for Examples:



PHYSICIANS should state of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 IS should INK-THIS properly AGE supplied. may be UNFADING that it ms carefully 80 jo WITH item of information should be See instructions on back DEATH in plain terms. PLAINLY, WRITE CAUSE OF Important. B

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Very

PLACE OF DEATH 133927 4 County... Village or C

STATE OF MARYLAND CERTIFICATE OF DEATH

County — Taction	Registration Dist. No. 63
Village or City Treston (No. 2)	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 / [] I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH Grant / SSC (Month) (Day) (Year)	that I last saw her alive on DE 2, 1914
7 AGE about 6 4 If LESS than 1 day, hrs. mos. ds. OR min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) **The country of the count	(Duration) yrs. 6 mos. ds. Contributory Valouelor Stront Acise. (Secondary)
10 NAME OF FATHER TELE. Surepassion 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) NA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds.

15 REGISTRAR

Where was disease contracted.

If not at place of death?-

DATE OF BURIAL

SEMPLOS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," The

Statement of cause of death—Name, first, the dibrabe causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demondia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," (name origin; "Candeath), 29 State cause for "Exhaustion," Examples:

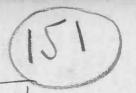


S. No. 1.

N.B.

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

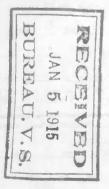
Village or City Mar Sucho. 2FULL NAME Margrit Gr	St.; Ward) St.; Ward) [IT death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrele While Single, Married, Wooden, Wordship Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Morth) (Day (Year)	that I last saw h
7 AGE yrs S mos ds lt LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Did not see Paterist alive - Child was very poorly nourished and proor say decrept. (Durgton) yrs. mos. os.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF TATHER	Contributory Mot Person Secondary (Duration) yrs mos ds. (Signed) Saluxous Terror
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) MED, C. MILLS Flug	Where was disease contracted, If not at place of death? Former or Usual residence
Filed Det 18, 1914 Solinge ma	Declar Terrefare Date of Burial Sector Terrefare DATE OF BURIAL 20 UNDERTAKER ADDRESS Lingil Trecore Decelar Mes
	trap, 6 E. Franklip St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defiuite synouym is "Epidemic cercbrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for nus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequeuees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease eausing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion,"



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Village or City Scettle Leurno.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 [It death occurred to a hospital or Institution, a hospital or Institution or Institutio
*FULL NAME HESLE as	give its NAME instead of street and number.}
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Truele Thet (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH FEL 20, 830	morchiest to DEc 20, 1914
(Month) (Day) (Year) 7 AGE 7 Mos. — ds. ORmin.?	and that death occurred on the date stated above, at. The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work. (b) Geoeral nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 DEL	(Signed) (Signed) (Signed) (Signed) (Address)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted.
(Intermant). Because Corners	It not at place of death? Former or dsual residence
Filed Dx 22, 1914 Chas B. Gasseson Registran	19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL PACE 22, 1814 20 UNDERTAKER WAR A HOLLIS YOUR ADDRESS
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative acalthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causance of death—Name, first, the disease causance of death—Name, first, the disease causance to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples:



W. S. No. 1.

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PLACE OF DEATH 13385	STATE OF MARYLAND CERTIFICATE OF DEATH
County Charles	Registration Dist. No. 6 3
Village or City Mo. (No,	St.; Ward) [It death occurred to a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to DEC., 1914, that I last saw have ally on DEC.
GLA yrs. 8 mos. 9 ds. OR. min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
(State or country)	Gontributory (Secondary) (Deration) / yrs mos / ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTH	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	At place lo the of death yrs mos: ds. State yrs mos ds. Where was disease contracted,
(Interment) margaret Dickerson	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed De 21, 1914 Chas B. Harrison	Linchester Cemeter Dic 1 Jr. 1914 20 UNDERTAKER HOLLIST Son POSTON THE
If more hlanks are needed, address State Registral	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). -(a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) Foreman. (b) Automobile factory. The return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibeable causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Purperal septiehaeture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ample: Measles (disease causing death), 29 The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report For VIO-



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See instructions on

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PLACE OF DEATH 13396 Iroline **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO. WIDOWED. OROIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than 1 day,....hrs. OR 7 8 OCCUPATION (a) Trade, protession, or Twee particular kind of work. (b) General nature of indostry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.:....Ward)

Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number.]

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH	Die	2 1_	, 1914 (Year)
17 I HEREI	BY CERTIFY, Th	at I attended de	ceased from
H2 e 19	1914 , to N	4.22	1, 191.4
that I last saw h	alive on Na	c 21	, 191.4/
and that death occurred	on the date sta	ted above, at	4 R m
The CAUSE OF DEATH	* was as follow:	s: ,	
Comerous	ancier	nn	
	77 00000xxxxxxxxxxx		
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Contributory 7	of from		***********
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DA :	(Ouration)	yı S	
(Signed)	unu		, M. O
Ne 29 , 1914	(Address) De	enten,	me
*State the DISEASE	CAUSING DEATH.	or, in deaths fr	rom Violena
*State the DISEASE CAUSES, state (1) MR TAL, SUICIDAL, OF HOS	EANS OF INJURY;	and (2) wheth	er Acciden
18 LENGTH OF RESIDE		LE INSTITUTIONS	Tananana
OR RECENT RESIDENTS	,		
At place of death yrs mo	os ds. Stat	e vre	mae de
Where was disease contracted if not at piace of death?	1,		mos,, US
Former or		************************************	*****
usuai residence		\$\$\$\$ 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
19 PLACE OF BURIAL		PATE OF B	BURIAL
Dentan Con	4	Do 10/ 3	× 191 %

ADDRESS

If more blanks are needed, address State Registrer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given np ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children. not who receive a definite salary), may be entered as dutics of the honsehold only (not pald Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichac-nia," "Puerperal peritonitis," etc. State canse for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Ex-



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PHYSICIANS properly classified. Exact statement stated EXACTLY. pe

of OCCUPATION Is very should See Instructions on back of certificate. Every item of information should be GAUSE OF DEATH in plain terms, s Important.

County Caroline

Mean Styngleside

Village or Ottyngleside

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

C+.	Word

fif death occurred in a hospital or institution, give Ifs NAME instead of street and number.]

FULL NAME	Vy,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE MATERIAL SUPERIOR OF THE SERVICE OF T	16 DATE OF DEATH 12- 19 1914 (Month) (Day (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended deceased from 1914, to 1914,
(Month) (Day (Year)	that I last saw hadden on 191
7 AGE If LESS than day,hrs.	and that death occurred on the date stated above, atm,
yrsds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, particular kind of vor	Hamplegia
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
State or continue Con	Contributory Explanation Ars. mes. ds.
10 NAME OF PLU Eurory	(Signed) Silver, M. D.
11 BIRTHPLACE OF FATHER Sinte or country but from 12 MAIDEN NAME OF MOTHER A A A A A A A A A A A A A A A A A A A	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal,
of MOTHER & But Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER State or country Out Know	Af place of death yrs mos ds ln the 74 yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at placa of death?
(Address The Dalors had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 12/21 ,191 9/5 de Cooper	20 UNDERTAKER APDRESS
REGISTRAR	Howard Wilson Buselay

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foremun, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons write None. "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Mcdical Association.) "Contributory." Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS State MEANS OF INJURY and qualify as by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS RECORD PERMANENT EXACTLY. supplied. UNFADING Information WRITE

of Inform DEATH item OF Every It

(State or country)

11 BIRTHPLACE

OF FATHER (State or country

12 MAIDEN NAME

13 BIRTHPLACE

14 THE ABOVE IS THUE

(Address)

(Informant)

OF MOTHER

OF MOTHER (State or country)

10 NAME OF FATHER

PARENTS

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state should 10N is OCCUPATION statement classifled. properly may certificate. that of back terms, 0 pialn See instructions 드

PLACE OF DEATH 13398 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4GOLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory.

Secondary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

in the

The Best of My Knowledge	If not at piace of death?	***************************************
Bulow P. F.D.	Pretoro Me	12-7
1914 Dimisolation Registrar	Wyil Mrore	APDRESS System
If more blanks are needed, address State Regis		

of death _____ yrs. ____ mos. ___ ds. State ____ yrs. ____ mos.

OR RECENT RESIDENTS)

Where was disease contracted

At place



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coul material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (%)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



No. 80

RECORD PERMANENT S UNFADING INK-THIS WRITE PLAINLY, WITH

Every liem of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See Instructions on back of certificate. Important. N. B.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

GountyCorraction	Registration Dist. No. 63
Village or City Keslau (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
GDATE OF BIRTH SEC 26, 1914 (Month) (Day) (Year) 7 AGE Stell Born 1 day,hrs.	that I last saw h alive on the date stated above, at m, The CAUSE OF DEATH* was as follows:
**SOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) **Tock or mos. ds. OR milo.? **Mos. ds. OR milo.?	(Boration) yrs mos ds. Contributory Need-sawaii
OF FATHER whee Hotely of the State or country) 12 MAIDEN NAME OF MOTHER RASEL RASEL 13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal. 18 Length of Residents At place in the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	of deathyrs, mos,ds, Stateyrs, mos,ds, Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ASSLOW MARKET APPRESS
Filed 726 2 J., 191 T. Phas IV. Pisheson	FU Hoggis Passon My

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



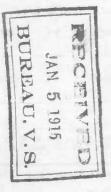


[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unquaissed, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcinosais of lungs, meninges, peritonaeum, etc..

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acclsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of er" is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seniie," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD V UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH

STATE OF MARYLAND

County Corolius	CERTIFICATE OF DEATH
0 -	Registration Dist. No. 6.3
Village or City Grealoy (No. Bereta	St.; Ward) [if death occurred in a hospital or institution give its NAME losteau of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freedr leaf 5 single, Leaght who were, Server (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attanded decaased from
(Month) (Day) (Year)	DEC 12, 1914, to DEC 22, 1914, that I last saw her allva on DEC 21, 1914
7 AGE 1 1 1	and that death occurred on the date stated above, at 3.55 m. The CAUSE OF DEATH * was as follows:
(a) Frade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Opration) yrs mos ds
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) yrs mes ds
10 NAME OF Ralphan Jours	(Signed) A O O O O O O O O O O O O O O O O O O
OF FATHER (State or country) M 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Nova a Story 13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informani) Reference for MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) (Freston	MA Pleasant Cemetery DIC 24, 1914
Filed LL 23, 1944 Chas B. Husrison	20 UNDERTAKER SADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. ¥. 8.



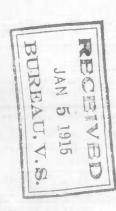


[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

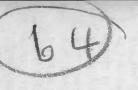
scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pertionitie," etc. State cause for childbirth or miscarriage, as "Pumperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (disease causing (name origin; "Candeath), 29 ds.;



RECORD

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.

County Cavene
County Carrene
Village or City near Greens
4



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Fresa Ri	fler of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale While Single, Married, Wisower, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH FOR VV, 1846	that I last saw here alive on the last saw here
(Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 3 A m, The GAUSE OF DEATH* was as follows: Crecal Homorhage Homophysia
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Leandy / Amonhyr Secondary
10 NAME OF FATHER Weeple Kerchloff OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER STANK / STANK - 13 BIRTHPLACE OF MOTHER (State or country) STANK - 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.) At place Is the of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death?
(Informant) Dank Ribber (Address) Reenseys 32 3., 15 Filed Decry 1914 Kuth Danier Acal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 2 QUELER LATER 19 PLACE OF BURIAL OR REMOVAL 12 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 11 PLACE OF BURIAL OR REMOVAL 12 PLACE OF BURIAL OR REMOVAL 12 PLACE OF BURIAL OR REMOVAL 13 PLACE OF BURIAL OR REMOVAL 14 PLACE OF BURIAL OR REMOVAL 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 11 PLACE OF BURIAL OR REMOVAL 12 PLACE OF BURIAL OR REMOVAL 13 PLACE OF BURIAL OR REMOVAL 14 PLACE OF BURIAL OR REMOVAL 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL OR REMOV

[Approved by U. S. Census and American Public Health Association.]

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cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Tuerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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1 PLACE OF DEATH STATE OF MARYLAND 3442 CERTIFICATE OF DEATH County Chrofine Registration Dist. No lit death occurred in St.:---Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCEO (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at //-1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? dishabitu 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) yrs. mos of de which employed (or employer) certificate. BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 0 back 11 BIRTHPLACE (Address) Always ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ ds. State ____ yrs, ____ mos. ____ ds Where was disease contracted. NOWLEDG If not at place of death?... Former or usual residence.

20 UNDERTAKER

DATE OF BURIAL

PLACE OF BURHAL OR REMOVAL

If more blanks are needed, address State Registrar 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc., Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mitt; (a) Salesman, (b) For many occupations a single word or term on the been changed or given up ou account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid degeneration); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic vatvutar heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause. Always qualify all diseases resulting from mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopucumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Mcastcs (disease causing death), 29 ds.; (Recommendations on statement of



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RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 S . AGE should properly classi UNFADING INK-THIS supplied. carefully o that it 80 WITH DEATH in plain terms, See instructions on back pinous PLAINLY, of information WRITE CAUSE OF Important.

PARENTS

state Very PHYSICIANS should of OCCUPATION IS certificate. 50

1 PLACE OF DEATH 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF BIRTH TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ... ⁹ BIRTHPLACE (State or country) 10 NAME OF



1 day hrs. OR min. ?

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. led.

St.; Ward) [It death occurred in a hospital or institution, give its NAME iostead of street and nomber.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Del 6, 1914
(Month) (Day (Year)
, 191, 10, 191
that I last saw halive on
and that death occurred on the date stated shove, at
The CAUSE OF DEATH* was as follows:
Stillhow,
(Ouration) yrs mos ds.
Contributory Secondary
(Duration) yrs mos ds.
(Signed) Kuth Klumen to che que 10.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place In the of death yrs mos ds. State yrs mos ds
Where was diseasa contracted, it not at place of death?
Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEL. 6, 1914
John M Lawels Shewhore Mel

4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word) (Month) (Day (Year) if LESS than

.mos.....

FATHER 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) (Address).

15 REGISTRAR 0

If more blanks are needed, address State Registrat 6 E. Franklin St., Balto., Requesting V. S. No. 1,

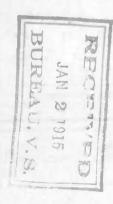


[Approved by U. S. Census and American Public Health Association.]

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County Caroline 13404 5	
Village or City Denton. (No	
FULL NAME Sarah Jane	Mel
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE SINGLE, MARRIED, MARVIED WIDOWED, OR DIVORCED (Write the word)	16 DATE OF
© DATE OF BIRTH / / / / / / / / / / / / / / / / / / /	mr
7 AGE If LESS than 1 day, hrs. 2 mos. 10 ds. OR min.?	and that dest
SOCCUPATION (a) Frade, profession, or parficular kind of work (b) Benoral nature of industry, husiness, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country) Caroline Co. Md.	Contribut (Secondar
10 NAME OF HENRY Pools 11 BIRTHPLACE	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Esther Charles	*State th CAUSES, Sta TAL, SUICE
13 BIRTHPLACE OF MOTHER (State or country) Md.	Af place of death
(Informant) & Mma & Carroll	Where was dised if not af place of Former or usual residence.
(Address) Direction : Ma Filed De 22, 1914 Delega REGISTRAR	Conc 20 un derti

STATE OF MARYLAND CERTIFICATE OF DEATH

St;.....Ward)

Registered No.....

[If death occurred in a hospital or institution, give its NAME instead

give its NAME instea of street and number.]

MEDICAL C	ERTIFICATE O	F DEATH	
16 DATE OF DEATH	Dre	212	. 1914
,	(Month)	(Day)	
17 I HEREBY (ERTIFY, That	attended dec	eased from
that I last saw her alive	on Dro	214	, 191 /, , 191 /
and that desth occurred on	the date stated	above, at	m,
The CAUSE OF DEATH * w	as as lollows:		•••••
			-4 % ·
***************************************	(Duration)	yrsm	10Sds.
Contributory(Secondary)		· · · · · · · · · · · · · · · · · · ·	
(Signed) 7-97 92	rehis	yrs	nosds. ds.
(Signey)	Iress) De	ulin 2	ny
*State the DISEASE CAUS CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE	or Injury; and		VIOLENT ACCIDEN-
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) Af blace	(FOR HOSPITALS,	INSTITUTIONS,	TRANSIENTS,
of death yrs. mos	ds. Sfafe	yrs,	nos ds.
Former or usual residence		**************************************	PP = 0 = = = = = = = = = = = = = = = = =
19 PLACE OF BURIAL OR F	REMOVAL	DATE OF BI	URIAL 3. 191 Y
20 UNDERTAKER		ADDRESS	A A

If more blanks are meeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

RD. md.



[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman," (0)

Statement of cause of death—Name, first, the diskass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal pertionitis," etc. State cause for genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of sepsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart fallure," "Haemorrhage," "Inanition," "Maras. Bronchopneumonia (secondary), 10 ds. Never report The contributory may be stated under the head (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can-Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate,

PLACE OF DEATH 3405

County Paroline



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institutioe, give its NAME instead of street and number.

2 FULL NAME Janus Marti	w friel
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH De, 8 ,1914 (Year)
S DATE OF BIRTH Sec 35, 1908 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914, to 208, 1914, that I last saw h limiting on 208, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work.	July Intermetel
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 4 ds.
9 BIRTHPLACE (State or country) Suare, Cand	Secondary La Court (Duration) Secondary (Duration) Secondary Secondary
10 NAME OF FATHER James of Price	(Signed) Servaine, M. D. Dry 9, 191 4 (Address) Freeze M. D.
OF FATHER (State or country) Zuaryland 12 Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) March Cauch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
(Informant) Pure to the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Address) Deuton End B. S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Der 10, 1914 Dollerge mg	20 UNDERTAKER ADDRESS
REGISTEAR If more blanks are needed, address State Regis	tran, E. Franklin St., Balto, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, uot duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up ou account of the msease who receive a defiuite salary), may be entered as Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meulingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," merc symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; Never report



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Instructions

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DEATH

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ARENTS

16

OCCUPATION

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE

(Address).....

OF FATHER

OF MOTHER

(State or country) 12 MAIDEN NAME

OF MOTHER (State or country)

(b) General nature of Industry. business, or establishment in

which employed (or employer)

PHYSICIANS

RECORD

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, DRDIVDRCED (Write the word) 6 DATE OF BIRTH (Month) (Day 7 AGE If LESS than

(Year)

t day.....hrs.

OR min. ?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requestios V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 60

If death occurred inWard) a hospital or institution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 430 Pm. The CAUSE OF DEATH* was as follows: Contributory. Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS



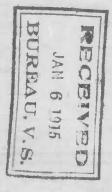


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But iu many "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia! ("Pneumonia," unqualified, is indefinite): Tubercy-lesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic; Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABIL LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (uame origin; "Cauture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "PUERPERAL septichae The nature of the "Exhaustion," Never report Ex-



S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ci.	Word

[If death occurred to

FULL NAME Marlin Lette	Saterfield a nospiral or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, marreed While Wide Write the word)	16 DATE OF DEATH / Le Z , 191 4 (Year)
TAGE DATE OF BIRTH (Month) (Day (Year) (I LESS than	that I last saw h malive on Dee 1, 1914
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment to	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Sulmmany Publiculosis
Which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	Contributory Secondary (Duration) (Duration) (Duration) (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Selsulation Series Filed SEC 4, 191 4 Selsurge Series Registrar If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL Declose Cercetary Dec. 5., 191. 4 20 UNDERTAKER ADDRESS Tax, 6 B. Frankling, Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, c. g., Farmer or Planter, applies to each and every person, hrrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclalnjury, as fracture of skull, and cousequences (e. g., such, if impossible to determine defiultely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.] "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-The contributory (secondary or Intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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PHYSICIANS should of OCCUPATION is RECORD classified. Exact statement PERMANENT EXACTLY. 4 be 15 pinode UNFADING INK-THIS properly AGE supplied. pe may certificate. carefully that it 80 0 PLAINLY, WITH be See instructions on back pinous of information WRITE CAUSE OF Hem mportant.

state Very

LALACE OF DEATH 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, MARRIED, MANUA 5 SINGLE, 4 COLOR OR RACE ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day 7 AGE 8 OCCUPATION (a) Trade, protession, or particular kind of work_ remote (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER shall (State or country) 12 MAIDEN NAME OF MOTHER worm 13 BIRTHPLACE OF MOTHER (State or country) issia. 14 THE ABOVE IS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in

Schnick,	a hospital or Institution, give Its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF I	DEATH
6 DATE OF DEATH WES, 2	1" , 1911
(Month)	(Day (Year)
July 3 1914 to Dec	291 1014
7	transmit 101 frafix
hat I last saw hall alive on	1917
and that death occurred on the date stated at	ove, at H-H5-K-m
The CAUSE OF DEATH * was as follows:	61
acute pulmonas	y Cedema
	<u> </u>
(Duration)	daen
Gontributory	
(Duration)	yrsds
Signed) 19 15 tellerson	
() - 011 (111 / Yu)	, M. D
Sec 27 (1914 (Address) Leclend	assung me
*State the Disease Causing Death, or, in Causes, state (1) Means of Injury, and Tal, Suicidal, or Homicidal.	deaths from VIOLENT (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	
OR RECENT RESIDENTS	OTTOTIONS, INANSIENTS
***************************************	. yrs, ds
Where was disease contracted,	,
If not at place of death?	**********
usual residence	77771 0000 000440000000000000000000000000000
PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL
	2 . 11

(Address

15

REGISTRAR

(Year)

It LESS the

1 day hr OR min. ?

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., B Ito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or Industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coul statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsuits can be known. The question first llue will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease eausing death), 29 det; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "PUERFERAL peritonilis," etc. State cause for childbirth or mlsearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never reports



V. S. No. 1.

N.B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF

1 21	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE (WINDOWS) (Windows) (Windows) (Windows)	(Month) (Day (Year)
Oct III (Year) TAGE TAGE TAGE	that I last saw half allive on 191 and that death occurred on the date stated above, at 30 m
B OCCUPATION (a) Trade, profession, or particular kind of work.	Double Lobas Preusses
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPACE (St. Or country)	Contributory Case (Duration) yrs mos ds
OF FATHER MAN CAMA	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place In the of death
(Informant) (Address) (Address)	If not at place of death? Former or usual residence. PLACE OF BUHIAL OR REMOVAL DATE OF SURIAL
Filed 12/7, 1914 Walleroper O	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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PHYSICIANS should state of OCCUPATION IS very RECORD A PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH of Information CAUSE OF Important. S ... ż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and number.] ATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

7	MARRIEO. Wildow Wildow OR DIVORCEO (Write the word)	(Month) (Day (Year)
	GE about (Month) (Day (Year) If LESS than 1 day,hrs.	that I last saw here alive on the date stated above, at last of me. The CAUSE OF DEATH* was as follows:
(a pa (b) bus	yrs mos. ds. OR min.? OCCUPATION 1) Trade, profession, or articular kind of work 1) General nature of Industry, siness, or establishment in nich employed (or employer)	(Buration) O yrs. O mos. 3 ds.
98	10 NAME OF FATHER Gabrill Benluh 11 BIRTHPLACE OF FATHER	Contributory Secondary Luckura (Duraffon) yrs mos ds. (Signed) Low Duraffon, M. D. Add, Lo., 1914 (Address) Drestafta
PARENT	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the yrs. 9 mos. ds. State yrs. mos. ds
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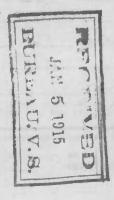
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[Approved by U. S. Census and American Public Health Association.]

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1 PEACE OF DEATH 13414 (No..... PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day 7 AGE If LESS that 1 day,....hrs BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:....Ward)

Ilf death occurred la a hospital or institution. give its NAME Instead of street and number.]

MEDI	ICAL CERTIFICATE	OF DEATH	
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	(Month)	(Day (Yea	
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12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

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VI VINCIUM If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
COLOR OR RACE 5 SINGLE, MARRIED AND MARRIED (Write the word)	(Month) (Day (Year)		
DATE OF BIRTH AND ON THE OF BIRTH (Month) (Day (Year)	that I last saw here all ve on 1915		
AGE If LESS than	and that death occurred on the date stated above, at 3 4		
yrs // mos 3 ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:		
OCCUPATION (a) Trade, profession, or particular kind of work	Cullings		
b) General nature of Industry, usiness, or establishmenf in which employed (or employer)	(Duration) yrs mos / O		
(State of country of the Co	Gontributory		
10 NAMP OF RELIEV. & Hillerson	(Signed) , M.		
11 BIRTHPLACE OF FATHER (State or country and of Mother) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING *DEATH, or, in deaths from Violes Causes, state (1) Means of Injury; and (2) whether Accide Tale, Suicinal, or Homicidal.		
13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos (Where was disease contracted, If not at place of death?		
(Informant)	Former or usual residence		
(Address) 2000 street Janes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed 12/3, 1914 Welloop W. REGISTER	20 UNDERTAKER ADDRESS		





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additional line is provided for the latter statement; cases, especially in industrial employments, it is uecness of various pursuits cau be known. The question tion is very important, so that the relative healthfuleated thus: uess. If retired from business, that fact may be indl-CAUSING DEATH, state oecnpation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when ueeded. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many ocenhations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

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UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

WRITE PLAINLY, WITH

PLACE OF DEATH

STATE OF MARYLAND

County Ca	reture	- Comment		ICAIL OF	11
Village or City 22	NAME Carlon	(No)a.a.	St.	stration Dist,	[If death occurred la a hospital or institutioo, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
mare 40	COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCE (Write th	e word)	***************************************	(Month)	(Day (Year)
6 DATE OF BIRTH	Wove S	1914		4 to 190	12, 1914
⁷ AGE		If LESS than 1 day,hrs. ORmin.?	and that death occurred on the CAUSE OF DEATH* wa		above, at 9P. m
(a) Trade, profession, or particular kind of work (b) General nature of Indu business, or establishmen which employed (or employed (State or country)	stry, nt in		malnus. Imperations Contributory Prof	, ,	yrs mos ds
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13 BIRTHPLACE OF MOTHER (State or cou	Engine (Any	feelw NOWLEDGE	18 LENGTH OF RESIDENCE (or RECENT RESIDENTS) At place of death yrs mos Where was disease contracted,	FOR HOSPITALS, II	NSTITUTIONS, TRANSIENTS
(Informant) CCT	Djacha	rec	If not at place of death? Former or usual residence	EMOVAL	DATE OF BURIAL 12/14, 191 4
Filed Dec 14	, 1914 Kurl Pl	muer	20 UND PRYAKER	, ,	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekcepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERFERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

